

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 19-JUL-2014		TIME 06:10:00		2. ADDRESS OF OCCURRENCE 2659 S AVERS AVE CHICAGO, IL 60623			3. LOCATION CODE 303		4. BEAT/OCCUR 1031					
	5. POSITION 9161		6. LAST NAME DAVIS		7. FIRST NAME CORNELIUS D		8. STAR NO. 16503		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE BLK				
SUBJECT INFORMATION	14. DATE OF APPT. 30-NOV-2012		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 010 1041		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
	20. LAST NAME JUAN		21. FIRST NAME PEREA		22. M.I. J		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE WWH		25. D.O.B. [REDACTED]				
REASON FOR USE OF FORCE (Check all that apply)	28. ADDRESS 2810 S SPRINGFIELD AVE CHICAGO, IL 60623		29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED/OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? MOUNT SINAI HOSPITAL				34. BY WHOM? MEDICAL DOCTOR- SINI		35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 05 Refused Medical Aid								
WEAPON DISCHARGE INCIDENT	36. CHARGES PLACED [REDACTED]											37. CB NO. 18937731		IR NO. [REDACTED]	
	38. D.N.A. <input type="checkbox"/>														
CASE INFO.	39. D.N.A. <input checked="" type="checkbox"/>														
	40. ADDITIONAL INFORMATION OFFENDER POINTED WEAPON AT R/O.														
SIGNATURES	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER														
	42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors														
MEMBER'S RESPONSE	43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input checked="" type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial														
	44. WEATHER CONDITIONS CLEAR														
SUBJECT'S ACTIONS	45. MAKE/MANUFACTURER [REDACTED]														
	46. MODEL [REDACTED]														
PASSIVE REGISTER	47. BARREL LENGTH [REDACTED]														
	48. CALIBER/GAUGE [REDACTED]														
ACTIVE REGISTER	49. TASER DART ID NO. [REDACTED]														
	50. WEAPON SERIAL No. (Include Letters) [REDACTED]														
ASSAULTANT: ASSAULT	51. CHICAGO GUN REG. NO. [REDACTED]														
	52. IL FIREARM OWNER ID. NO. [REDACTED]														
ASSAULTANT: BATTERY	53. HANDGUN CERTIFICATE NO. [REDACTED]														
	54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]														
ASSAULTANT: DEADLY FORCE	55. PROPERTY INVENTORY NO. [REDACTED]														
	56. TYPE OF AMMUNITION USED [REDACTED]														
MEMBER'S ACTIONS	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER [REDACTED]														
	58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]														
WEAPON DISCHARGE INCIDENT	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify) [REDACTED]														
	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO														
WEAPON DISCHARGE INCIDENT	61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED [REDACTED]														
	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) [REDACTED]														
WEAPON DISCHARGE INCIDENT	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) [REDACTED]														
	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]														
WEAPON DISCHARGE INCIDENT	65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO														
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]														
WEAPON DISCHARGE INCIDENT	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.														
	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN														
WEAPON DISCHARGE INCIDENT	69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED]														
	70. EVENT NO. 1420003989														
WEAPON DISCHARGE INCIDENT	71. R.D. NO. HX351193														
	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.														
SIGNATURES	73. REPORTING MEMBER (Print Name) DAVIS, CORNELIUS D														
	STAR/EMPLOYEE NO. 16503														
SIGNATURES	SIGNATURE [REDACTED]														
	74. REVIEWING SUPERVISOR (Print Name) MAJERCZYK, GERARD E														
SIGNATURES	STAR NO. 2201														
	SIGNATURE [REDACTED]														
SIGNATURES	DATE REVIEWED 19-JUL-2014 12:15:36														
	TIME 19-JUL-2014 12:15:36														

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject is being treated at Mount Sinai Hospital.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based upon the information available at the time of this report, it is the preliminary determination of the undersigned that Officer Davis #16503 was the victim of an aggravated assault of a police officer when offender, PEREA, Juan (M/4/30, IR#1291225) pointed a handgun at Officers Drozdel and Davis.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1070445 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

MC NAUGHTON, DAVID R

SIGNATURE

DATE COMPLETED TIME

19-JUL-2014 12:40:29

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

80. TOTAL TRR# THIS EVENT No.

☐ CASE REPORT

☒ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

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☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

LOG# 1070445 / U# 14-25
Attachment 10